



PTO/SE/01A (10-00)

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76) AND POWER OF ATTORNEY

As the below named inventor(s), I/we declare that:

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This declaration is directed to:

JAN 24 2002

☐ The attached application, or☒ Application No. 09/976,290 filed on October 15, 2001

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☐ as amended on _____ (if applicable);

I/We believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/We have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/We acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

I/We hereby appoint:

Practitioners at Customer Number 22204 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

FULL NAME OF INVENTOR(S)Inventor one: John ProhaskaCitizen of: USASignature: X [Signature]Date: 1/16/02

Inventor two: _____

Citizen of: _____

Signature: _____

Date: _____

Inventor three: _____

Citizen of: _____

Signature: _____

Date: _____

Inventor four: _____

Citizen of: _____

Signature: _____

Date: _____

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.62. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND PERS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/076,290
Filing Date	October 15, 2001
First Named Inventor	John Prohaska
Title	Re-configurable Wavelength And Dispersion Selective Device
Group Art Unit	2633
Examiner Name	
Attorney Docket Number	081787-11

I hereby revoke all prior Powers and appoint:

☒ Practitioners at Customer Number
OR

22204

Place Customer
Number Bar Code
Label here☐ Practitioner(s) named below

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number

OR

☐ Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here☒ Firm or
Individual Name

NIXON PHABODY LLP

Address 8180 Greensboro Drive

Address Suite 800

City McLean State Virginia Zip 22102

Country US

Telephone 703-790-9110 Fax 703-883-0370

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name John Prohaska

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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